

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Shelton 17352  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cedar Saline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cedar Saline</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #1</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 0660</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNE</u> b. (Middle) <u>DUFFIELD</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14 1951</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 23, 1879</u>		9. AGE (In years last birthday) <u>71</u> if under 1 year: Months _____ Days _____ if under a week: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Millstadt, Ill.</u>	
13a. FATHER'S NAME <u>Joseph Speichinger</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stort</u>		14. NAME OF HUSBAND OR WIFE <u>Bur. T. Duffield</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nenny Duffield</u> ADDRESS <u>Cedar</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mel</u>		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension &amp; Myocardia</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>260X Cedar (Mo.)</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from 1946 to May 14, 1951, that I last saw the deceased alive on May 14, 1951, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. O. Shelton M.D.</u> (Degree or title)	23b. ADDRESS <u>Eldon, Mo.</u>	23c. DATE SIGNED <u>May 17 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>May 17, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 17, 1951</u>	REGISTRAR'S SIGNATURE <u>Blueretta Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James A. Phillips</u> ADDRESS <u>Cedar</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

660

RECEIVED

MAY 29 1951

MILLER COUNTY HEALTH  
DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Louis D. Phillips*

Signed.....

Student Embalmer

Licensed Embalmer No. *3663*

P. O. Address *Keokuk*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.